

**Washington State**

**Public Hospital**

**Medicaid Administrative Match**

**Interpreter Services Program**

**Manual**

**October 2010**

# Public Hospital Medicaid Administrative Match Interpreter Service Program Manual

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## **Section I – Introduction**

### **Medicaid Administrative Match Program Overview**

The Medicaid Outreach program contracts with governmental entities in the state of Washington to perform administrative outreach and linkage activities. The program currently contracts with federally-recognized Tribes, school districts, local health jurisdictions, and the Washington State Department of Health.

MAM Program Goals:

- Administer an effective, efficient statewide MAM program that supports the goals of the Medicaid State Plan and is in compliance with federal claiming guidelines.
- Assist children and families in accessing needed Medicaid Services.
- Increase the number of children and adults receiving preventive care.
- Increase consumer access to Medicaid providers in Washington communities.

### **Medicaid Administrative Match in Public Hospitals in the State of Washington**

The State of Washington Public Hospital Medicaid Administrative Match Interpreter Services Program (program) is administered by the State of Washington Department of Social and Health Services. Public Hospital and Public Hospital Districts (PH-PHDs) are able to participate in the program by signing an Interlocal Agreement with the Department. They receive partial reimbursement representative of their administrative costs for providing interpreter services to Medicaid eligible LEP clients who receive health care from the PH-PHD.

**Note:**

Although not technically-PHDs, the University of Washington Dentists, University of Washington School of Dentistry, and the Pacific Hospital Preservation Development Authority participate in the program.

## **Purpose of this Manual**

This Manual provides information concerning the certification, billing and claiming processes, and contractual requirements of the Program.

## **Interpreter Services Provided in Hospitals**

An interpreter service encounter is an interpreting appointment arranged by the PH-PHD or Subcontractor to run concurrently with a healthcare appointment for a Limited English Proficiency (LEP) client. The encounter can also include time spent on the same day providing necessary interpreting before or after the LEP Client's appointment if that time relates to the appointment.

PH-PHDs may subcontract for these services however the PH-PHD must ensure the Subcontractor follows all of the requirements of the Interlocal Agreement and this Manual.

## **Section II – Required Interpreter Qualifications**

### **Language Interpreter and Translator Code of Professional Conduct**

All participating PH-PHD and subcontracted interpreters must read, agree to, and comply with, the Department's Language Interpreter and Translator Code of Professional Conduct found at:

<http://www.dshs.wa.gov/ltc/ethics.shtml>

### **Interpreter Certification Requirements**

The Contractor can only claim for interpreting performed by a Subcontractor or by "Eligible Interpreter Staff" who meet one or more of the qualifications defined in Special Terms and Conditions (ST&C) Subsection 1 h), n), o), p) of the Interlocal Agreement.

### **Telephone Based Interpreter Services Requirements**

PH-PHDs and Subcontractors using telephone based interpreter services for LEP individuals whose interpreter costs are billed under the ST&C of the Interlocal Agreement must ensure the services used are through participation in the State's General Administration (GA) contract #03508, WSCA Telephone Based Interpreter Services Western States Contracting Alliance (WSCA), or successor contract.

Web link for the GA contract is at:

<http://www.ga.wa.gov/index.html>

GA contact phone number for the contract is: (360)902-7404

## Section III – Medicaid Eligibility Rate (MER) Calculation Process

The MER calculation process includes the Contractor's completion of the following to determine and document the MER:

- Provide, document, keep record of, and place where indicated on the:
  - 75% FFP Match Public Hospital/Public Hospital District (PH-PHD) CHIPRA-Medicaid Eligibility Rate (MER) Worksheet and Certification Form:
    - Numerator: The total unduplicated number of LEP **child** Medicaid Clients served by the Contractor during the Quarter who are children (under 21 years of age) of families for whom English is not the primary language.
    - Denominator: The total unduplicated number of LEP individuals served by the Contractor during the Quarter.
  - 50 % FFP Match Public Hospital/Public Hospital District (PH-PHD) nonCHIPRA-Medicaid Eligibility Rate (MER) Worksheet and Certification Form the related number of:
    - Numerator: The total unduplicated number of LEP Medicaid Clients served by the Contractor during the Quarter who are not children (under 21 years of age) of families for whom English is not the primary language, **or if not claiming 75% FFP Match,** the total unduplicated number of all LEP Medicaid Clients (adults and children) served by the Contractor during the Quarter.
    - Denominator; The total unduplicated number of LEP individuals served by the Contractor during the Quarter.

CHIPRA means the federal Children's Health Insurance Program Reauthorization Act of 2009.

See samples of the MER Worksheet and Certification Forms in the sample Billing Workbook Worksheets in Section IX of this Manual.

The Contractor must determine if the LEP Individual provided services has Medicaid eligibility. This can be determined by accessing ProviderOne to submit an eligibility inquiry using one of these methods:

- Search for eligibility information via ProviderOne at <http://www.providerone.wa.gov>
- Submit an electronic individual or batch 270/271 inquiry to ProviderOne
- Swipe the client services card using a magnetic card reader
- Use a Medical Eligibility Vendor to access information on your behalf
- Call the Interactive ProviderOne Voice Response (IVR)
- Call a customer services representative at 1-800-562-3022.

The Contractor must keep and provide for program review, adequate records to identify all LEP Individuals, LEP Medicaid Clients and the unduplicated counts for them that are used in the MER calculation process for the Billing Quarter.

## **Section IV – Claiming/Payment/Administrative Fee**

### **1. Claiming Process**

Participating PH-PHDs must agree to comply with the billing and claiming guidelines provided in the Interlocal Agreement and this manual.

Cost Allocation is the claiming methodology utilized to determine payment to a Contractor in this program. Direct and Indirect Costs are allocated using a MER applied to the costs being claimed. See Section III and also page 9 of this section.

The Contractor's claims and documentation of MAM Program activities must clearly demonstrate that the activities/services directly support the administration of the Title XIX Medicaid State Plan. The Contractor and Subcontractors must maintain/retain these and other adequate source documentation to support the Medicaid payments for MAM claiming. The basis for this requirement can be found in federal statute and regulations.<sup>1</sup>

Administrative claiming records must be made available for review by state and federal staff upon request during normal working hours.<sup>2</sup> The State Medicaid Agency has responsibility to ensure that policies are applied uniformly throughout the state, and that claims submitted to CMS are in conformance with such requirements.

<sup>1</sup>Section 1902(a) (4) of the Social Security Act and 42 CFR 431.17; see also 45 CFR 95 and 42 CFR 433.32(a) (requiring source documentation to support accounting records) and 45 CFR 95 and 42 CFR 433.32(b and c) (retention period for records).

<sup>2</sup>Section 1902(a)(4) of the Act, implemented at 42 CFR 431.17.

The burden of proof and validation for claiming remains the responsibility of the Department, the Contractor and Subcontractors.

Note:

- (1) Any activities related to training the interpreter so that they will qualify as an interpreter, are not reimbursable by Medicaid. If the interpreter incurs costs to become Department certified, qualified, or authorized as an interpreter, those costs may not be submitted for reimbursement for Medicaid FFP.
- (2) The Contractor may not include the Department's administrative fee as a cost/expenditure when billing for the quarter in the Billing workbook worksheets and A19-1A.

## **2. Allowable Activities/Matchable Activities**

Allowable Activities/Matchable Activities related to the Interlocal Agreement that can be claimed by Contractors and Subcontractors include time spent:

- a. Interpreting for an LEP client either face to face or by telephone, during preparation for and/or follow up on, and actual delivery of inpatient and outpatient healthcare services within the client's authorized scope of care.
- b. Coordinating and completing Medicaid Administrative Match Interpreter service billings.
- c. Copying and distributing necessary forms and materials.
- d. Filing required documentation.
- e. Attending Program required training.



- f. Conducting Program required training of Contractor and Subcontractor staff.
- g. Developing policies and plans necessary for the implementation of the Program.
- h. Calculating reimbursable costs and completing required Billing Forms.

### **3. Allowable Cost or Matchable Cost**

Allowable Costs or Matchable Costs are Direct Costs and/or Indirect Costs reimbursable in accordance with the Interlocal Agreement. They are incurred by the PH-PHD to provide interpreter service Allowable/Matchable Activities. A Direct Cost activity is an activity performed by the PH-PHD's Eligible Interpreting Staff, Eligible Designated Support Staff, an Independent Interpreter, or Independent Interpreting Agency, and meets the definition of an interpreter service Allowable/Matchable Activities.

#### **Allowable Direct Costs are:**

- a. Eligible Interpreting Staff and Eligible Designated Support Staff payroll costs, personnel costs, and travel costs
- b. Operations Costs

These are Direct Costs of supplies and equipment incurred only by a distinct Administrative Claiming Unit that the Contractor documents were incurred exclusively for providing Interpreting for LEP Clients while receiving Medicaid Covered Services.

- c. Subcontracted Interpreting Costs

#### **Allocated Direct Costs**

Allowable Direct Costs convert to Allocated Direct Costs when multiplied by the respective Medicaid Eligibility Rate (MER).

#### **Allocated Indirect Costs**

Allocated Eligible Interpreting Staff Costs, Allocated Eligible Designated Support Staff Costs, and Allocated Operations Costs, may be multiplied by an Indirect Cost Rate that has been calculated in accordance with OMB Circular A-87 to determine Allocated Indirect Costs. You must ensure that costs claimed as Direct Claimable Costs do not duplicate costs claimed through the application of

the Indirect Rate.

If the Contractor intends to claim Indirect Costs, on an annual basis the Contractor must have and provide the Department with the Certificate of Indirect Costs.

**Note:**

- There isn't a requirement to claim Indirect Costs. However, Indirect Costs may be claimed on the Title XIX Cost Summary LEP Worksheet and be included in costs claimed on the A19-1A Invoice Voucher.
- Indirect Costs cannot be claimed for Allocated Subcontracted Interpreting Costs or for 75% FFP Match.

### **Calculating the Billing Quarter FFP Claimable Amount**

Calculate your FFP Claimable Amount for each Billing Quarter by entering the required information and cost data in the Title XIX Cost Summary LEP Worksheet located in the Billing Workbook Worksheets.

See samples of the Agency Information Worksheet, MER Worksheet and Certification Forms, Title XIX Cost Summary LEP in the sample Billing Workbook Worksheets in Section IX of this Manual. Review of these forms will aid in understanding the conversion of Allowable Direct Costs to Allocated Direct Costs and determination of Allocated Indirect Costs.

Allocated Direct Costs and any Allocated Indirect Costs claimed are multiplied by the 50 % FFP percentage factor (adult interpreting services) or 75% FFP percentage factor (child interpreting services) to determine the FFP Claimable Amount that will be transferred to the A19-1A Invoice Voucher for reimbursement.

**Note:**

The 75% match percentage factor for child interpreting services is for allocated direct costs only. Any indirect costs associated with child interpreting services are reimbursed at the 50% match percentage factor. The Billing workbook worksheets are designed to calculate indirect costs in this manner.

## **4. Indirect Cost Rate Review and Approval**

The Department of Social and Health Services (Department), or successor Medicaid agency, is the federal Cognizant Agent for review and approval of the Indirect Cost Rate. When you intend to claim Indirect Costs as part of your FFP Claimable Amount, you must submit with Contractor Intake documents before

preparation of the interlocal agreement the following for review and approval of your hospital's MAM Indirect Cost Rate:

- Current MAM indirect cost rate
- A detailed process description of the rate calculation process and how it complies with OMB Circular A-87 requirements
- Data and data sources used during the calculation process
- All electronic files related to the calculation process

After the review and approval process is completed by the Department you must provide a copy of your Indirect Cost Rate Certificate to:

Medicaid Purchasing Administration  
Division of Rates and Finance  
Office of Finance / Accounting Unit  
PO Box 45500  
Olympia, Washington 98504-5500

Subsequent to execution of the interlocal agreement any new rate or change to your Indirect Cost Rate must go through the same review and approval process, and a new Indirect Cost Rate Certificate must be received by the Department before the new or revised Indirect Cost Rate can be used to claim for MAM in this Program. The certificate must be prospective and cannot be used to claim for a previous quarter's claim for MAM reimbursement.

Note: Indirect Rates vary by PH/PHD and are reviewed and reapproved periodically at your or the Department's request.

See a sample of the Certificate of Indirect Costs form in Section IX of this Manual.

## **5. Non-Duplication of Payments**

Federal, state and local government resources should be expended in the most cost-effective manner possible. PH-PHDs may not claim FFP for the costs of MAM Allowable Activities that are duplicative.

A listing of example activities, that is not all-inclusive, for which costs may not be claimable as MAM due to the potential for duplicate payments follows:

- a. Activities that are integral parts or extensions of direct medical services, such as patient follow-up, patient assessment, patient education, or counseling.

- b. An activity that has been, or will be, paid for as a service of another (non-Title XIX/non-Medicaid) program.
- c. An activity that has been, or will be, paid for as a Medicaid administrative cost through another MAM program.
- d. An activity that is included as part of a managed care rate and is reimbursed by the managed care organization.
- e. Costs claimed when billing the Department through the Billing Workbook Worksheets if the Contractor claims Indirect Costs for Eligible Interpreting Staff, Eligible Designated Support Staff and/or Operations Costs, if all or any of those costs have been claimed as Direct Costs.
- f. Indirect Costs for Subcontractor costs.

It is important to distinguish between duplicate payments for the same activity and an inefficient use of resources, which may result in the unnecessary repeated performance of an activity.

Duplicate performance of services or administrative activities must be mitigated through coordination of activities.

## **5. Offset of Revenues**

Certain revenues must offset allocation costs in order to reduce the total amount of costs in which the federal government will participate. To the extent the funding sources have paid or would pay for the costs at issue, federal Medicaid funding is not available and the costs must be removed from total costs (See OMB Circular A-87, Attachment A, Part C., Item 4.a.).

The following include some of the revenue offset categories which must be applied in developing the net costs:

- a. All federal funds.
- b. All state expenditures which have been previously matched by the federal government (includes Medicaid funds for medical assistance (such as the payment rate for services under fee-for-service and SCHIP funds).
- c. Insurance and other fees collected from non-governmental sources must be offset against claims for Medicaid funds.

- d. All applicable credits must be offset against claims for Medicaid funds. Applicable credits refer to those receipts or reduction of expenditure type transactions that offset or reduce expense items allocable to federal awards as direct or indirect costs.

**Note:**

You may not claim any FFP for administrative activities if related costs have already been paid by one of the revenue sources above. A government program may not be reimbursed in excess of its actual costs, i.e., make a profit.

## **6. Submitting the Billing Forms and the A19-1A Invoice Voucher (new A19-1A billing forms)**

Sample Billing Workbook Worksheets are found in Section IX of this Manual. Once the Interlocal Agreement is executed you can also find your specific billing worksheets on line at the following link:

<http://hrsa.dshs.wa.gov/mam/Interpreter%20MAM/Interpreter.Index.htm>

At that web site, navigate to the Billing Documents web link to locate your PH-PHD's Billing Workbook Worksheets which include:

- a. PH-PHD Agency Information Worksheet
- b. 75% FFP Match Public Hospital/Public Hospital District (PH-PHD) CHIPRA-Medicaid Eligibility Rate (MER) Worksheet and Certification Form
- c. 50% FFP Match Public Hospital/Public Hospital District (PH-PHD) nonCHIPRA Medicaid Eligibility Rate (MER) Worksheet and Certification Form
- d. Medicaid Health Care Interpreting – Administrative Match Billing Report, Interpreting Services Cost Summary – LEP MER Method
- e. A19-1A Invoice Voucher

**Note:**

The 75% Match Medicaid Eligibility Rate (MER) Worksheet and Certification Form should be left blank if the PH-PHD is claiming for both LEP children of families for whom English is not the primary language, and for LEP adults, using only 50% FFP Match. The 75% MER is representative of LEP child Medicaid Clients only.

Complete and include all of these forms when you mail your quarterly billing.

Submit claims to:

MAM Program Manager  
Division of Healthcare Services  
Medicaid Outreach Section  
PO Box 45530  
626 – 8<sup>th</sup> Avenue SE  
Olympia, Washington 98504-5530

**NOTE:** Timely Billing

In order for your claim to be considered timely it must be received by the Department no later than twelve (12) months following the end of the quarter being billed.

## **7. Administrative Fee**

HRSA charges a small administrative fee for the operation of this program. The administrative fee will not exceed costs of Program operations and therefore is adjusted for that purpose periodically. You must pay this fee with non-federal dollars within forty-five (45) days of the date on the Administrative Fee A19-1A Invoice Voucher.

Mail administrative fee payments to the following address:

Medicaid Purchasing Administration  
Division of Rates and Finance  
Office of Finance / Accounting Unit  
PO Box 45500  
Olympia, Washington 98504-5500

## **8. When the Department Receives Your Claim**

The MAM Program Manager will review the completed and signed original A19-1A Invoice Voucher and its accompanying documentation as part of the claim review process. If a claim is incomplete, unsubstantiated or inaccurate, you will be contacted for additional documentation or asked to resubmit a corrected claim.

See a sample A19-1A Invoice Voucher in the sample Billing Workbook Worksheet Excel file located in Section IX of this Manual.

## **9. When the PH-PHD MAM Claim is approved by the MAM Program Manager:**

On completion of the MAM Program Manager review, and when no changes are required, the A19-1A Invoice Voucher will be approved and sent to the Department's MPA fiscal office for payment processing. The reimbursement will be sent to you within thirty (30) days of receiving and approving a properly executed claim.

## **10. Annual Certification of Total Computable and Local Matching Funds**

As required by DSHS Policy No. 19.50.02, Accounting for Local Match and Cost Sharing Agreements, Contractors must track and record the source of the Total Computable (Certified Public Expenditures) and Local Matching Funds for each quarter.

Annually, the contractor must sign and submit DSHS form 06-155, Local Match Certification, along with the Local Match Worksheet, and the signed original, April through June, A19-1A Invoice Voucher and accompanying Billing Workbook Worksheets. The Department's MAM Program Manager must receive them within twelve (12) months following the April through June Billing Quarter. These forms certify the Total Computable, FFP, and Local Matching totals for the state fiscal year.

### **Note:**

Local Matching Funds must meet the requirements of 42 CFR 433.50 and 433.51 which state that only governmental units may provide the Local Match used to claim FFP.

**Also, the Department will not approve your April through June A19-1A Invoice Voucher each year, and any subsequent A19-1A Invoice Vouchers, until DSHS form 06-155, Local Match Certification, and the accompanying Local Match Worksheet have been received and approved.**

See Section IX of this Manual for a sample of the Local Match Certification and Local Match Worksheet forms.

## **Section V – Program Requirements**

### **Applicable Laws and Regulations**

Activities shall be in accordance with the following rules and regulations, and all

updates, revisions, or replacements. See the Statement of Work, Subsections 4m) and 4n) in the Interlocal Agreement for applicable rules and regulations.

## **Claiming Requirements**

Your PH-PHD must:

- Claim only activities that are necessary and directly support the administration of the Title XIX Medicaid State Plan.
- Complete and submit accurate Billing Workbook Worksheets for the Billing Quarter.
- Retain supporting documentation for the Billing Workbook Worksheets
- Not submit any claims for payment in connection with services and activities provided to all clients (both Medicaid and non-Medicaid) as free care, unless expressly authorized by federal law, Washington State law, the Interlocal Agreement or this Manual
- Not claim for activities that are normally covered by other means, such as collateral or related activities
- Not claim for activities that are normally performed for the same individuals under another program.

## **Insurance Requirements**

See Section 10 of the Special Terms and Conditions of the interlocal agreement.

## **Section VI – Required Documentation and Audit File**

### **Retention and Access to Records**

See the Statement of Work Subsections 4. a. (1) in the Interlocal Agreement for records retention requirements. You must maintain records related to the interlocal agreement and each quarterly claim for six (6) years. If any litigation, claim, or audit is started before the expiration of the six (6) year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.



## Claiming Documentation

You must maintain documentation related but not limited to the following:

- Certifications
- Claiming and billing processes
- Medicaid eligibility
- Unduplicated LEP Individuals served
- Unduplicated LEP Medicaid Clients served
- Eligible Staff salary and personnel records
- Cost determination
- Indirect cost rate
- Invoices

### **Note:**

You must be able to support claims for MAM Program reimbursement. Please see additional guidance below regarding documentation for compensation of salary and wages, as excerpted from the OMB Circular A-87, Attachment B Section 11.h (5):

Personnel activity reports or equivalent documentation for participating staff must meet the following standards:

- *They must reflect an after-the-fact distribution (i.e., distribution following completion of the activity) of the actual activity of each employee;*
- *They must account for the total activity for which each employee is compensated;*
- *They must be prepared at least monthly and must coincide with one or more pay periods; and*
- *The Contractor must retain documentation to support the report.*

Principles related to documentation and documentation requirements are:

- *Documentation related to salaries and wages, including personnel activity reports is required;*
- *Accounting records are supported by source documentation such as canceled checks, paid bills, payrolls, contract and sub-grant award documents;*
- *Documentation related to administrative costs is required.*

## **Audit File Preparation** – Monitoring, Technical Assistance, and Auditing

Maintaining a current Audit File for each fiscal year is the best way to be prepared for on-site monitoring visits and receiving any technical assistance from your MAM Program Manager.

It is recommended that your Audit File include the following current records and documents:

- **All MAM Training Documentation, including:**
  - Training rosters with date, staff names, and signatures
  - For each training event, a list of trainers and all materials used to train staff participants on the MAM Program.
- **Completed Local Match Certification Form DSHS 06-155 and the accompanying Local Match Worksheet**
- **Complete Billing Documentation or reference to its location**
- **Copies of all the Billing Workbook Worksheets**
- **Original MAM Interlocal Agreement (executed)**
- **Completed Certificate of Indirect Costs form and documentation supporting the calculation of the Indirect Cost rate**
- **Copies of All state and federal Audit Reports, including but not limited to:**
  - MAM Monitoring Visit or Audit Report(s) and Corrective Action Documents
  - State or Federal Audit Report(s) and Corrective Action Documents

- **Originals of any Contracts/Agreements with Medicaid Administrative Match organizations** (State Medicaid Agency or other entity)

**Note:**

**Subcontractors should also maintain an Audit File of training materials, time study documents, certifications, and billing/claiming documents (in accordance with the Interlocal Agreement and this manual), sufficient to justify all invoiced billings.**

## **Section VII – Subcontracting**

### **Subcontractor Requirements**

You may provide Interpreting services through written subcontracts that meet the interpreter services requirements and qualifications identified in Section II of this Manual.

When you choose to provide Interpreting services either in whole or in part, through Subcontractors, the subcontracts must include the following requirements:

- Identity of the parties to the subcontract (e.g.; name, address, type of organization) and their legal basis to do business
- Description of the payment methodology and applicable rates
- Terms and conditions for providing Interpreting services
- Compliance with the Language Interpreter and Translator Code of Professional Conduct located at:

<http://www.dshs.wa.gov/ltr/ethics.shtml>

- Subcontractor's proof of Authorization, Certification, or Qualification for all interpreters as indicated in the Statement of Work in the interlocal agreement and Section II of this Manual
- Subcontractor's signed statement that they and their employees/affiliates will not seek payment separate from the Department, or from LEP Clients or other contract service providers for Interpreting services performed under the subcontract

- Requirement to retain all invoices and documentation for six (6) years that is used to calculate invoices for Interpreting services billed to the Contractor and eventually by the Contractor to the State Medicaid Agency or Department.

**Subcontracted Independent Interpreters and Interpreting Agencies must:**

- Verify, prior to billing, that the service being provided to the client is within the scope of care of the LEP Client's health care program at the time the care and Interpreting was provided.
- Accept full fiscal responsibility for their billings. In the event of a state or federal audit, the subcontracted Independent Interpreter and Interpreting Agencies will be responsible for any required repayments.

The Subcontractor may determine if the LEP individual has Medicaid eligibility by accessing ProviderOne to submit an eligibility inquiry using one of the methods identified in Section III.

## **Section VIII – Program/Contract Management and Monitoring**

### **PROGRAM MANAGEMENT REQUIREMENTS**

The Department's MAM Program Manager:

- Oversees monitoring of activities for the PH-PHD Medicaid Administrative Match (MAM) Interpreter Services Program
- Coordinates communication and processes between the Department and the PH-PHD, via the PH-PHD's MAM Coordinator, regarding all requirements described in the Interlocal Agreement and this Manual
- Provides "Train the Trainer" MAM training to the PH-PHD's MAM Coordinator as applicable for the MAM program
- If requested and as available, provides MAM training to interpreter staff
- Conducts on-site monitoring or desk review. Provides technical assistance as needed/requested to PH-PHD's MAM Coordinator as availability permits
- Oversees any Amendments to or further development of the Interlocal Agreement

- As needed/required, updates program documents
- Communicates by e-mail and/or phone with the PH-PHD's MAM Coordinator regarding impending contract modifications/amendments
- E-mails necessary documents to the PH-PHD's MAM Coordinator

## **CONTRACT MONITORING PLAN**

### **Scope of the Monitoring Plan**

This monitoring plan covers all PH-PHD Medicaid Administrative Match Interpreter Services Program Interlocal Agreements for MAM Program reimbursement. These activities include, but are not limited to:

- Eligibility determinations
- Interpreting for LEP Clients for services within the LEP Client's healthcare plan scope of care
- Training on:
  - Medicaid services
  - Related Interpreting processes
  - Certifications
  - Insurance coverage
  - MAM claiming and billing processes

See the note in Section I on page 8 of this Manual regarding costs of training related to interpreters.

### **Monitoring Coordinator**

The Department's MAM Program Manager for the PH-PHD Medicaid Administrative Match Interpreter Services Program, or designee, is responsible for monitoring the related Interlocal Agreement. The Department will periodically monitor the Contractor, and may monitor any Subcontractor, to ensure compliance with the terms of the interlocal agreement. All documentation is subject to review. See Sections VI, VII and this section.

## **Risk Factors**

Risk factors are identified in the Department's Risk Assessment and Monitoring Plan (RAMP) system.

## **Monitoring Activities and Schedule**

### **Contractor's Role:**

The Contractor, and all Subcontractors to this interlocal agreement, shall comply with the Special Terms and Conditions and General Terms and Conditions of the interlocal agreement.

- The PH-PHD MAM Coordinator is responsible for:
  - Providing program training to interpreters, support staff, and subcontractors
  - Validity and completeness of all certification, claiming and billing documentation
  - Accurate completion of Billing Workbook Worksheets and Certification forms
  - Accuracy in the LEP MER calculation
  - Timely submission of all billing forms for review, authorization, and payment.

### **The Department's Role:**

- During the Department's Claim and Billing Review of the PH-PHD's quarterly billing the MAM Program Manager is responsible for:
  - Reviewing the Billing Workbook Worksheets for the Billing Quarter once they are received from the PH-PHD's MAM Coordinator to identify any inconsistencies, needed corrections, and/or inappropriate claiming.
  - Requiring the PH-PHD's MAM Coordinator to make corrections to any Billing Workbook Worksheets needing correction and resubmit them for further review and approval.
  - Once satisfied the Billing Workbook Worksheets are accurate and

correct, approving and forwarding them including the A19-1A Invoice Voucher signed and dated by the Department's MAM Program Manager, to the fiscal office for payment processing.

## **Section IX – Forms and Resources**

### **Forms**

The following forms are used in the Public Hospital/Public Hospital District Medicaid Administrative Match Interpreter Services Program. These documents may be located by going to the [PH-PHD Interpreter Services MAM Program](#) web site and looking for the web link listing for your PH-PHD.

At that web site you will find the Billing Workbook Worksheets for your PH-PHD which include:

- PH-PHD Agency Information Worksheet
- 75% FFP Match Public Hospital/Public Hospital District (PH-PHD) CHIPRA-Medicaid Eligibility Rate (MER) Worksheet and Certification Form
- 50 % FFP Match Public Hospital/Public Hospital District (PH-PHD) nonCHIPRA-Medicaid Eligibility Rate (MER) Worksheet and Certification Form
- Medicaid Health Care Interpreting – Administrative Match Billing Report, Interpreting Services Cost Summary – LEP MER Method
- A19-1A Invoice Voucher

**The 75% MER is representative of LEP child Medicaid Clients only.**

On the following pages sample Billing Workbook Worksheets are provided:

## Public Hospital/Public Hospital District (PH/PHD) Agency Information

**Contractor is to complete the yellow sections.**

Claiming Entity: ABC Hospital  
 Address 1 (DBA): N/A  
 Address 2: 325 90th Box 12345  
 Address 3: Seattle, WA 98104  
 Quarter: October-December 2010

Vendor Number  
 Assigned by HRSA on  
 Agency A19-1A

XXXXXXXXXX-XX

Prepared by Contact Name:  
 Prepared by Telephone #:  
 Prepared by Email Address:

PH/PHD Contract Number	XXXX-XXXXX	PROJ PREFIX	PROJ	SUB PROJ	PROJ PHASE
	Project Prefix "BIN" for Public Hospital Interpreting	BIN	X	XX	XX

### Completing the "Agency Information" Tab

1. Claiming entity (the name and address that appears above has been completed by DSHS. If there is a discrepancy with the name and address, please contact Ralph Faulder. (See DSHS Contact Information below)
2. Complete the Quarter. Use this format: October-December 2010, etc.
3. Complete the Prepared by name, telephone number and email address of the Hospital billing contact.
4. The vendor number has been completed by DSHS.

### Printing the Original A19-1A and backup

Print the A-19. Sign the A19-1A in [blue ink](#). Include copies of the backup documents: 75% FFP MER Certification Form, 50% FFP MER Certification Form, Medicaid Cost Summary LEP MER Method.

### Mailing the A19-1A & backup to DSHS

Mail the original signed A-19 and the required backup to:

DSHS-Medicaid Purchasing Administration  
 Division of Healthcare Services  
 Medicaid Outreach Section  
 PO Box 45530  
 Olympia, WA 98504-5530.

If overnighting send it to Larry Linn at:

DSHS-MPA-Division of Healthcare Services  
 Medicaid Outreach Section  
 Cherry Street Plaza, 3rd Floor  
 626 8th Ave SE  
 Olympia, WA 98504-5530

If a telephone number is needed use 360-725-1726.

### DSHS Contact Information

If you have fiscal questions, call Ralph Faulder at 360-725-1872 or email him at [Fauldr@dshs.wa.gov](mailto:Fauldr@dshs.wa.gov).

If you have program questions, call Larry Linn at 360-725-1970 or email him at [Linnld@dshs.wa.gov](mailto:Linnld@dshs.wa.gov).



**75% FFP Match Public Hospital/Public Hospital District (PH-PHD)**

**CHIPRA-Medicaid Eligibility Rate (MER)**

**Worksheet and Certification Form**

**Contractor** is to complete the yellow sections.

PH/PHD: ABC Hospital

DBA: N/A

Contract #: XXXX-XXXXX

Quarter: October-December 2010

MER: 25.00%

**Provide Medicaid Eligibility Formula:**

**Insert numbers applied in the formula to determine the MER rate for the Quarter:**

Numerator	250	=	25.00%
Denominator	1000		

**Numbers inserted in this Sample Form are for illustration purposes only.**

Numerator: The total unduplicated number of LEP child Medicaid Clients served by the Contractor during the Quarter who are children (under 21 years of age) of families for whom English is not the primary language.

Denominator: The total unduplicated number of LEP individuals served by the Contractor during the Quarter.

**Supporting documentation of the MER must be kept on file for review/audit purposes as needed, including databases utilized.**

I certify that the information provided above is true, and that documentation is available for review upon request.

Signature:

Job Title:

Date:

**50% FFP Match Public Hospital/Public Hospital District (PH-PHD)**  
**nonCHIPRA-Medicaid Eligibility Rate (MER)**  
**Worksheet and Certification Form**

**Contractor is to complete the yellow sections.**

PH/PHD: ABC Hospital

DBA: N/A

Contract #: XXXX-XXXXX

Quarter: October-December 2010

MER: 35.00%

**Provide Medicaid Eligibility Formula:**

**Insert numbers applied in the formula to determine the MER rate for the Quarter:**

Numerator	<u>350</u>	=	<div style="border: 1px solid black; padding: 2px;">35.00%</div>
Denominator	<u>1000</u>		

**Numbers inserted in this Sample Form are for illustration purposes only.**

**Numerator:** The total unduplicated number of LEP Adult Medicaid Clients served by the Contractor during the Quarter who are not children (under 21 years of age) of families for whom English is not the primary language, or if not claiming 75% FFP Match, the total unduplicated number of all LEP Medicaid Clients (children and adults) served by the Contractor during the Quarter.

**Denominator:** The total unduplicated number of LEP individuals served by the Contractor during the Quarter.

**Supporting documentation of the MER must be kept on file for review/audit purposes as needed, including databases utilized.**

I certify that the information provided above is true, and that documentation is available for review upon request.

Signature:

Job Title:

Date:

**MEDICAID HEALTH CARE INTERPRETING - ADMINISTRATIVE MATCH BILLING REPORT**  
**INTERPRETING SERVICES COST SUMMARY - LEP MER METHOD**  
(Amounts shown in this Sample Form are for illustration purposes only)

HEALTHCARE FACILITY NAME:	ABC Hospital		= Input Required	CONTRACT #:	XXXX-XXXX
BILLING PERIOD:	October-December 2010			BILLING STATE FISCAL YEAR:	SFY2011
<b>IMPORTANT NOTE:</b> Cost amounts placed in this Billing Form must be those related to providing Interpreting Services for all LEP Clients during the Billing Quarter. All amounts must be supported by billing forms, invoices, logs, salary and payroll information, work schedules, automated data, or other information acceptable to the Department (State Medicaid Agency) to validate the amounts. The 75% LEP MER and 50% LEP MER must be applied to allocate Contractor Direct Costs and Subcontracted Interpreting Costs as part of determining the respective Grand Total Costs and FFP Claimable Amounts. The Indirect Cost Rate must be applied to the Allocated Contractor Direct Costs (lines 2a. + 2b. + 2c.) if you choose to claim Indirect Costs on line 6. Line 8a., 75% FFP Match, applies to Allocated Direct Costs and Subcontracted Interpreting Cost only, not to Indirect Costs.					
Medicaid Healthcare Interpreting	MOS:	MOS:	MOS:	QUARTER	
1a. 75% FFP Quarterly Medicaid Eligibility Rate from the 75 % MER Worksheet and Certification Form	25.00%	25.00%	25.00%	25.00%	
1b. 50% FFP Quarterly Medicaid Eligibility Rate from the 50% MER Worksheet and Certification Form	35.00%	35.00%	35.00%	35.00%	
2a. Allowable Direct Employee Interpreting Costs, log & payroll, <u>but not also included in Indirect Cost Rate Calculation or Indirect Costs.</u>	\$1,000.00	\$1,500.00	\$1,100.00	\$3,600.00	
2b. Allowable Direct Employee Support Costs, log & payroll, if any, <u>but not also included in Indirect Cost Rate calculation or Indirect Costs.</u>	\$500.00	\$550.00	\$600.00	\$1,650.00	
2c. Allowable Direct Operations Costs, if any, <u>but not also included in Indirect Cost Rate calculation or Indirect Costs.</u>	\$500.00	\$600.00	\$550.00	\$1,650.00	
2d. Subcontracted Interpreting Costs	\$1,000.00	\$1,200.00	\$1,100.00	\$3,300.00	
3. Sum: Contractor Direct Costs and Subcontracted Interpreting Costs. (2a. + 2b. + 2c. + 2d.)	\$3,000.00	\$3,850.00	\$3,350.00	\$10,200.00	
4a. Allocated Direct Costs and Subcontracted Interpreting Costs at 75% LEP MER (1a. X 3.)	\$750.00	\$962.50	\$837.50	\$2,550.00	
4b. Allocated Direct Costs and Subcontracted Interpreting Costs at 50% LEP MER (1b. X 3.)	\$1,050.00	\$1,347.50	\$1,172.50	\$3,570.00	
5. Indirect Cost Rate (must have current Certification on file with DSHS)	20.00%	20.00%	20.00%	20.00%	
6. Total Allocated Indirect Costs ((2a. + 2b. + 2c.) X 5.)	\$400.00	\$530.00	\$450.00	\$1,380.00	
7. Sum: 50% FFP LEP MER Allocated Direct, Subcontracted and Indirect Costs (lines 4b. + 6.)	\$1,450.00	\$1,877.50	\$1,622.50	\$4,950.00	
8a. Medicaid FFP Claimable Amount at 75% FFP Match (.75 X line 4a.)	\$562.50	\$721.88	\$628.13	\$1,912.50	
8b. Medicaid FFP Claimable Amount at 50% FFP Match (.50 X line 7)	\$725.00	\$938.75	\$811.25	\$2,475.00	
I CERTIFY: Amounts placed in this Billing Form are correct and comply with the IMPORTANT NOTE above in this Billing Form.	SIGNATURE:			DATE:	

[illegible]

On the next page a sample Certificate of Indirect Costs form is provided.



## Certificate of Indirect Costs

\_\_\_\_\_  
NAME OF LOCAL GOVERNMENT

CONTACT'S NAME	
CONTACT'S TELEPHONE NUMBER (INCLUDE AREA CODE)	CONTACT'S EMAIL ADDRESS
INDIRECT COST PROPOSAL RATE	TIME PERIOD THE RATE COVERS FROM _____ TO _____
<p>This is to certify that I have reviewed the indirect cost rate submitted with this contract and to the best of my knowledge and belief:</p> <ol style="list-style-type: none"> <li>1. All costs included in this rate proposal (date) _____ to establish billing or final indirect costs rates for (period covered by rate) _____ are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments." Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.</li> <li>2. All costs included in this proposal are properly allocated to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.</li> </ol> <p>I declare that the foregoing is true and correct.</p>	
SIGNATURE	DATE OF EXECUTION
PRINTED NAME OF OFFICIAL	TITLE

On the next page a sample DSHS form 06-155 Local Match Certification is provided.



## Local Match Certification

(This form must be submitted with final contract billing.)

I, \_\_\_\_\_, certify that local funds and/or in-kind items  
 PRINT NAME  
 \_\_\_\_\_ were provided in the amount of  
 TYPE AND SOURCE OF FUNDS/ITEMS  
 \$ \_\_\_\_\_ and were used to match federal funds paid during the time period  
 of \_\_\_\_\_ through \_\_\_\_\_ for  
 \_\_\_\_\_  
 TYPE OF SERVICE/CONTRACT

NAME OF ENTITY			
NAME OF AUTHORIZED AGENT			CONTRACT/VENDOR NUMBER
AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE	TITLE OR POSITION	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE		TELEPHONE NUMBER	

### Instructions

**Name:** Printed name of the local entity's agent authorized to complete certification form.

**Type and source of funds:** The type and source of local funds used. In-kind sources need specific identification showing who donated the item(s) (e.g., volunteers, building use, etc.).

**Dollar amount:** Dollars that were used to match federal funds paid during the time period. Dollars reported must agree with amount on the final billing.

**Time frame:** Period of time the services were provided.

**Type of service/contract:** Services eligible for FFP.

**Name of entity:** Name of local entity that is providing the local funding match.

**Name of authorized agent:** Name of local entity that is authorized to act in behalf of local entity.

**Contract/vendor number:** The contract or vendor number of the local entity.

**Authorized representative's signature:** The signature of the local entity authorized representative.

**Date:** Date when form was completed.

**Title or position:** Title or position of local entity authorized representative

**Printed name:** Printed name of authorized representative.

**Telephone number:** Telephone number of authorized representative. Include the area code.

**LOCAL MATCH CERTIFICATION**  
 DSHS 06-155 (REV. 04/2007)

On the next page a sample Local Match Worksheet is provided.

**Type and Source of Funds**  
**Local Match for Public Hospital Interpreting Medicaid Administrative Match Invoices**

**Medicaid Title XIX FFP 50% / 50%**

**CHIPRA Medicaid Title XIX FFP 75% / 25%**

**\$0.00**

Type and Source of Funds used as Local Match

List only the funds eligible/available for local match per Title XIX Medicaid and CHIPRA Title XXI SCHIP.

Administrative Policy No: 19.50.02

**Check Point: Not Zero**

**CRUISE**

## **Resources**

Interlocal Agreement with DSHS/HRSA – [In PH-PHD Audit File](#)

Office of Management and Budget (OMB)

Circular A-87, [Cost Principles for State, Local and Indian Tribal Governments](#)

[PH-PHD Interpreter Services MAM Program Web site](#)

[Registry of Interpreters for the Deaf](#) (RID)

[National Association of the Deaf](#) (ND)

[Medicaid School-Based Administrative Claiming Guide](#), dated May 2003